

**ARIZONA DEPARTMENT OF ECONOMIC SECURITY
UNEMPLOYMENT INSURANCE ADMINISTRATION
CLAIM FOR EMERGENCY UNEMPLOYMENT COMPENSATION**

PRINT ONLY

PRINT ONLY				OFFICIAL USE ONLY
1. SOCIAL SECURITY NUMBER		LAST NAME FIRST NAME MIDDLE INITIAL		DATE RECV'D
<div style="display: flex; justify-content: space-between;">YESNO</div> 2. <input type="checkbox"/> <input type="checkbox"/> Is the address on the reverse your current address? IF NO:				<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> Address Change
NEW MAILING ADDRESS (No., Street, P.O. Box)				
CITY		STATE AZ	ZIP CODE	TELEPHONE NUMBER
<div style="display: flex; justify-content: space-between;">YESNO</div> 3. <input type="checkbox"/> <input type="checkbox"/> Are you receiving or have you applied for a pension, annuity or retirement pay from any employer?				<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> Non-sep Issues
4. <input type="checkbox"/> <input type="checkbox"/> Have you received or will you receive vacation, holiday, unused sick pay, or severance from your last employer?				
5. <input type="checkbox"/> <input type="checkbox"/> Are you currently working and filing this claim to receive benefits under the Shared Work program?				
6. <input type="checkbox"/> <input type="checkbox"/> Have you refused work or referral to work since becoming unemployed?				
7. <input type="checkbox"/> <input type="checkbox"/> In the past 12 months have you filed an unemployment insurance claim in states other than Arizona?				
8. <input type="checkbox"/> <input type="checkbox"/> In the past 18 months have you worked in federal civilian service?				
9. <input type="checkbox"/> <input type="checkbox"/> In the past 18 months have you worked in another state?				
10. <input type="checkbox"/> <input type="checkbox"/> In the past 18 months have you been in military service?				
<div style="display: flex; justify-content: space-between;">YESNO</div> 11. <input type="checkbox"/> <input type="checkbox"/> Have you worked since you filed your last weekly claim for benefits? IF YES, COMPLETE THE FOLLOWING:				<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> Subsequent Employment
LAST EMPLOYER YOU WORKED FOR BEFORE FILING THIS CLAIM (Regardless of State, Type of Work, or Length of Job)				
COMPANY NAME				
MAILING ADDRESS (No., Street, P.O. Box)				
CITY		STATE	ZIP CODE	Er. number
LAST DAY OF WORK FOR THIS EMPLOYER				
Month	Day	Year		
<div style="display: flex; justify-content: space-between;">YESNO</div> <input type="checkbox"/> <input type="checkbox"/> Have you worked at all since the LAST DAY OF WORK shown above?				
Why are you no longer working for this employer? (Check (✓) the box which applies and write the reason in the space below)				
(40) <input type="checkbox"/> I was laid off because of a lack of work or a reduction in force.				
(10) <input type="checkbox"/> I quit my job because: _____				
(20) <input type="checkbox"/> I was discharged because: _____				
(45) <input type="checkbox"/> I am still working part-time.				
(30) <input type="checkbox"/> My employer and a union(s) are involved in a labor dispute.				
A. PRIVACY ACT INFORMATION				
The Privacy Act of 1974 requires that you be furnished this statement because you are being asked to furnish your Social Security Account Number on the claim forms given to you. Your Social Security Number is solicited under the authority of the Internal Revenue Code of 1954 (26 U.S.C. 85, 6011(a), 6050b, and 6109(a)). Disclosure of your Social Security Number for this purpose is MANDATORY, and must be entered on the forms you submit to claim unemployment insurance. Your Social Security Number will be used to report your unemployment insurance to the Internal Revenue Service as income that is potentially taxable; it will also be used as a record index for processing your claim, for statistical purposes, and to verify your eligibility for unemployment insurance and other public assistance benefits. Should you decline to disclose your Social Security Number your claim for unemployment insurance will not be processed.				
B. CERTIFICATION				
I register for work and make application for unemployment insurance. I certify that I am not working or that I am on a part-time or reduced earnings basis. I am not seeking insurance under another state or federal unemployment insurance system. I have not applied for and I am not receiving a subsistence allowance for vocational rehabilitation training or a war orphans' educational assistance allowance from the Veterans Administration. I further certify that the statements made hereon for the purpose of obtaining unemployment insurance under the Employment Security Law of Arizona are true and correct to the best of my knowledge and belief. I KNOW THAT THE LAW PROVIDES PENALTIES FOR FALSE STATEMENTS IN CONNECTION WITH THIS CLAIM.				
12. CLAIMANT SIGNATURE				13. DATE